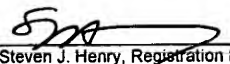




Docket No.: F0632.70005US01
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stuart Philip Speakman
Serial No.: 10/760,611
Confirmation No.: 9959
Filed: January 20, 2004
For: METHOD OF FORMING AN ELECTRONIC DEVICE
Examiner: C. Lee
Art Unit: 2818

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: 10/20/06	 Steven J. Henry, Registration No. 27,900

REQUEST TO CHANGE ATTORNEY DOCKET NUMBER

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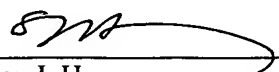
Dear Sir:

Please change the Attorney Docket Number from M0274.70031US01 to F0632.7005US01.

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Dated: October 20, 2006

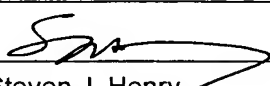
Respectfully submitted,

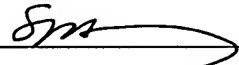
By 
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	Patent#: 7,129,166
	Filing Date	Issued: October 31, 2006
	First Named Inventor	Stuart Philip Speakman
	Art Unit	2818
	Examiner Name	C. Lee
Total Number of Pages in This Submission	Attorney Docket Number	F0632.70005US01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request to Change Attorney Docket Number Return Receipt Postcard
<div style="border: 1px solid black; padding: 5px; width: 150px; float: left;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Steven J. Henry		
Date	October 20, 2006	Reg. No.	27,900

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Dated: <u>10/20/06</u>	Signature: <u></u> (Steven J. Henry)